

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016408

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 196

Primary Registration District No. 3026

Registrar's No. 190

1. PLACE OF DEATH
a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN INDEPENDENCE

Length of stay in 1b
6 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION INDEP. SAN. & HOSP.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON

c. CITY OR TOWN INDEPENDENCE

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
10505 EAST 26th St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
MALDEN

Middle
J.

Last
SIDERS

4. DATE OF DEATH

Month
APRIL

Day
22,

Year
1963

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
10-20-1878

9. AGE (last birthday)
84

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
RETIRED FARMER

10b. KIND OF BUSINESS OR INDUSTRY
FARMING

11. BIRTHPLACE (City and state or country)
ILLINOIS

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

ANDREW SIDERS

13b. MOTHER'S MAIDEN NAME

MARY MONTGOMERY

14. NAME OF HUSBAND OR WIFE

LULA B. SIDERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Lula B. Siders, 10505 E. 26th St., Indep., Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Protracted pneumonia

INTERVAL BETWEEN ONSET AND DEATH
3-4 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

B. thuringiensis

DUE TO (c)

Cholera, Cholera, Cholera

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour s.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3/28/63 to 4/22/63 and last saw him alive on 4/22/63
Death occurred at 8:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

10501 Winner Rd Indef. Mo.

22c. DATE SIGNED

4/22/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
REMOVAL

23b. DATE
4-24-63

23c. NAME OF CEMETERY OR CREMATORY

AVALON CEMETERY

23d. LOCATION (City, town, or county)

AVALON, MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

GEO. C. CARSON & SONS, INDEPENDENCE, MO.

25. DATE RECD. BY LOCAL REG.

4-23-63

26. REGISTRAR'S SIGNATURE

Alba L. Craig

MAY 2 1963

2002
2002

0-1-0

4-22-63

STATEMENT BY LICENSED EMBALMER

0-1
0

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Raymond E. Liberman

Licensed Embalmer No. 4266

P. O. Address Independence, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.